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GAMMIS Health Care Premium Payment (820) Companion Guide 004010 X061A1

Georgia Medicaid Management Information System
Fiscal Agent Services Project

Version 1.6

Document Control

Modification Log

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0.1	12/9/09	Kim White	Creation of document – 1st Draft.
0.2	12/18/09	Kim White	Updated based on review with DCH
0.2	12/22/09	Kim White	Added Appendix (8.1, 8.2, 8.3); Modified ENT04 (Positioning of PMP ID and Capitation Month; Modified Dates in Examples; Removed VAN from Section 2; Added which is Payee Number within File/System Specifications;
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0.4	12/22/09	Elaine Selfridge	Updated for GAMMIS standards.
0.5	1/6/10	Kim White	Modified: BPR02 to - Total Capitation Payment Modified: REF02, where REF01=14 to - Provider ID of Payee Added: 2300B-RMR05 Section 7: Modified ENT04 Section 7.1: Removed RMR03 Section 7.2: Changed DTM06 to 20100203-20100228 Section 7.7 Modified Example text Added: 2100B-NM105
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1.1	02/18/2010	Kim White	Section A.1: Removed 003 and 800 Section 7.0: Modified 2000B/2100B Example Section 7.3: Modified Example
1.2	03/02/2010	Elaine Selfridge	Changes made based on DCH comment
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1.6	10/01/2010	Kim White	ISA08: Modified to reflect the value will be the Payee Provider ID

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1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) requires that Medicaid and all other health insurance payers in the United States comply with the EDI standards for health care as established by the Secretary of Health Services. The ANSI X12N implementation guides have been established as the standards of compliance for claim transactions.

The following information is intended to serve only as a companion guide to the HIPAA ANSI X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict any requirements in the X12N implementation guide. Additional companion guides/trading partner agreements will be developed for use with other HIPAA standards, as they become available.

Additional information on the Final Rule for Standards for Electronic Transactions can be found at http://aspe.hhs.gov/admnsimp/final/txfin00.htm. The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA_40.asp.

1.1 Purpose

The 820 Transaction is used to transmit premium payment information. The 820 Transaction Set can be used to make a payment and/or send remittance information.

It is mandatory under HIPAA that the Georgia Department of Community Health (DCH) be able to generate this transaction set to report on capitation payments.

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2 Transmission and Data Retrieval Methods

HP Enterprise Services supports several types of data transport depending upon the provider's, trading partner's or billing agent's needs. Providers and their representatives can submit and receive data via: Web Portal, Remote Access Server (RAS), Secure File Transfer Protocol (SFTP) and/or Value Added Networks (VANs) for interactive transactions.

1. Web portal: Data is transmitted using the secure Web Portal. The Web Portal is normally available to customers 24 hours per day, seven days per week with the exception of scheduled maintenance. Submission options are Direct Data Entry (DDE) and Batch. The GAMMIS Web Portal (as a single gateway) is an important tool providing general and program specific information and links to other programs, applications, related agencies, and resources. The Web Portal has both secure (intranet) and non-secure (public internet) areas.

2. Remote Access Server (RAS): The RAS enables providers to access all options of the secure Web portal without the use of an Internet Service Provider. This option is available to users who do not have an existing Internet connection. The RAS server typically supports users that need a dial-up option. Trading partner data transmitted using the RAS can be transmitted the same as the Internet secure site using DDE or upload batch transactions.

   After the connection is established, the landing page is presented. A user either logs on and is presented with their secure provider page, or selects 'register' if they are a first-time user.

   Once logged on, the user will have access to the various secure Web portal options, including File Upload and File Download for EDI transactions.

   3. Secure File Transfer Protocol (SFTP): SFTP uses Secure Shell (SSH) to encrypt and then securely transmit data across a potentially unsecured connection. Functionally SFTP (required) is similar to FTP, but offers protection to sensitive data. Secure Shell or SSH is a network protocol that allows data to be exchanged using a secure channel between two networked devices.

   This option allows provider, vendors, and all other trading partners to transfer claim files to HP Enterprise Services using the secure file transfer protocol server. Trading partners must notify us specifically if wishing to use this transmission method to transmit files.

   HP Enterprise Services requires that the SFTP submitters send their public key and HP Enterprise Services exchanges its public key with the submitter for encryption purposes. HP Enterprise Services will setup a username and password for the submitter to access the server.

Detailed information to assist with EDI related processes are available on the Provider Public Web site at: www.mmis.georgia.gov.

2.1.1   File/System Specifications

File Name format for Outbound 820:

- BatchID_Transaction Type_Provider Number_yyyymmddhhmmss.dat.

   BatchID = File ID assigned during EDI processing.

Transaction Type = 820X12BATCH

Provider Number = XXXXXXXXXA which is Payee Number

yymmddhhmmss = file creation date and time

Note: Each output file will be within a zip file

The Web portal is designed to support the following Internet browsers:

1. Internet Explorer, version 6 or later;

2. Firefox, version 1.5 or later.

3 Transmission Responses

The 820 is an outbound transaction and there are no associated responses.

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4 EDI Support

The HP Enterprise Services EDI Service Team is available to support trading partners and providers that exchange transactions electronically. Support functions include:

1. Enrollment processing for trading partners requesting to submit transactions electronically.

2. Installation assistance and submission support for Provider Electronic Solutions (PES) software.

3. Provide assistance to billing agents, clearinghouses and software vendors.

4. Identifying and troubleshooting technical issues.

5. Data Exchange help.

The EDI staff will be available Monday through Friday 8:00 a.m. to 5:00 p.m. EST by calling 877-261-8785 or 770-325-9590.

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5 Control Segment Definitions for GEORGIA Medicaid 820 Transaction

Note the page numbers listed below in each of the tables represent the corresponding page number in the X12N 820 HIPAA Implementation Guide.

X12N EDI Control Segments
ISA – Interchange Control Header Segment
IEA – Interchange Control Trailer Segment
GS – Functional Group Header Segment
GE – Functional Group Trailer Segment
ST – Transaction Set Header
SE – Transaction Set Trailer

5.1 ISA - Interchange Control Header Segment

Communications transport protocol interchange control header segment. This segment within the X12N implementation guide identifies the start of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file header record.

820 Premium Payment				
Page	Loop	Segment	Data Element	Comments
B.3	N/A	ISA	ISA01 - Authorization Information Qualifier	'00' – No Authorization Information Present
B.3	N/A	ISA	ISA02 - Authorization Information	[space fill]
B.4	N/A	ISA	ISA03 - Security Information Qualifier	'00' – No Security Information Present
B.4	N/A	ISA	ISA04 - Security Information	[space fill]
B.4	N/A	ISA	ISA05 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.4	N/A	ISA	ISA06 - Interchange Sender ID	'**77034**' – GA MMIS Trading Partner ID. Left justified and space filled. *Note: Current system this value was 100000.*

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
B.4	N/A	ISA	ISA07 - Interchange ID Qualifier	'ZZ' – Mutually Defined
B.5	N/A	ISA	ISA08 - Interchange Receiver ID	'Payee Provider ID' Supplied by Georgia Medicaid left justified and space filled.
B.5	N/A	ISA	ISA09 - Interchange Date	The date format is YYMMDD.
B.5	N/A	ISA	ISA10 - Interchange Time	The time format is HHMM.
B.5	N/A	ISA	ISA11 - Interchange Control Standards Identifier	'U' – Interchange Control Standards Identifier
B.5	N/A	ISA	ISA12 - Interchange Control Version Number	'00401' – Control Version Number
B.5	N/A	ISA	ISA13 - Interchange Control Number	Interchange Unique Control Number
B.6	N/A	ISA	ISA14 - Acknowledgment Request	'0' – No Acknowledgement Requested
B.6	N/A	ISA	ISA15 - Usage Indicator	'T' - Test Data 'P' - Production Data
B.6	N/A	ISA	ISA16 - Component Element Separator	':' – Component Element Separator

5.2 IEA - Interchange Control Trailer

Communications transport protocol interchange control trailer segment. This segment within the X12N implementation guide defines the end of an interchange of zero or more functional groups and interchange-related control segments. This segment may be thought of traditionally as the file trailer record.

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA01 - Number of included Functional Groups	Number of included Functional Groups

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
B.7	N/A	IEA	IEA02 - Interchange Control Number	Must be identical to the value in ISA13.

5.3 GS – Functional Group Header

Communications transport protocol functional group header segment. This segment within the X12N implementation guide indicates the beginning of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch header record.

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
B.8	N/A	GS	GS01 - Functional ID Code	'RA' – Payment Order/Remittance Advice (820)
B.8	N/A	GS	GS02 - Application Sender's Code	This will be equal to the value in ISA06.
B.8	N/A	GS	GS03 - Application Receiver's Code	This will be equal to the value in ISA08.
B.8	N/A	GS	GS04 - Date	The date format is CCYYMMDD.
B.8	N/A	GS	GS05 - Time	The time format is HHMM.
B.9	N/A	GS	GS06 - Group Control Number	Group Control Number
B.9	N/A	GS	GS07 - Responsible Agency Code	'X' – Responsible Agency Code
B.9	N/A	GS	GS08 - Version/ Release/ Industry ID Code	'004010X061A1' – Version / Release / Industry Identifier Code

5.4 GE – Functional Group Trailer

Communications transport protocol functional group trailer segment. This segment within the X12N implementation guide indicates the end of a functional group and provides control information concerning the batch of transactions. This segment may be thought of traditionally as the batch trailer record.

820 Premium Payment				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
B.10	N/A	GE	GE01 – Number of Transaction Sets Included	Number of included Transaction Sets
B.10	N/A	GE	GE02 – Group Control Number	Must be identical to the value in GS06

5.5 ST – Transaction Set Header

Communications transport protocol transaction set header segment. This segment within the X12N implementation guide indicates the start of the transaction set and assigns a control number to the transaction. This segment may be thought of traditionally as the claim header record.

820 Premium Payment				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
34	N/A	ST	ST01 – Transaction Set Identifier Code	'820' – Payment Order/Remittance Advice
34	N/A	ST	ST02 – Transaction Set Control Number	Transaction Control Number

5.6 SE – Transaction Set Trailer

Communications transport protocol transaction set trailer. This segment within the X12N implementation guide indicates the end of the transaction set and provides the count of transmitted segments (including the beginning (ST) and ending (SE) segments). This segment may be thought of traditionally as the claim trailer record.

820 Premium Payment				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
98	N/A	SE	SE01 – Number of Included Segments	Total Number of Segments included in Transaction Set Including ST and SE.

820 Premium Payment				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
98	N/A	SE	SE02 – Transaction Set Control Number	Must be identical to the value in ST02.

5.7 Valid Delimiters

The delimiters documented below will be used for Georgia Medicaid, unless otherwise requested by a trading partner.

Definition	**ASCII**	**Decimal**	**Hexadecimal**
Segment Separator	~	126	7E
Element Separator	*	42	2A
Compound Element Separator	:	58	3A

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6 Companion Guide for the 820 Transaction

820 Premium Payment				
Page	**Loop**	**Segment**	**Data Element**	**Comments**
36	N/A	BPR	BPR01 - Transaction Handling Code	' I ' – Remittance Information Only
37	N/A	BPR	BPR02 – Monetary Amount	Total Capitation Payment
37	N/A	BPR	BPR03 - Credit Debit Flag	'C' – Credit
37-38	N/A	BPR	BPR04 - Payment Method Code	'ACH' - Automated Clearing House 'CHK' - Check
43	N/A	TRN	TRN01 - Trace Type Code	'3' – Financial Reassociation Trace Number
44	N/A	TRN	TRN02 – Reference Identification	If, BPR04=ACH, value will be EFT payment number If, BPR04=CHK, value will be check number
48	N/A	REF	REF01 - Reference Identification Qualifier	'14' – Master Account Number
49	N/A	REF	REF02 - Premium Receiver Reference	Provider ID of Payee
57	1000A	N1	N103 – Identification Code Qualifier	'FI' – Federal Tax ID
57	1000A	N1	N104 – Receiver Identifier	Receiver's 'Tax ID'
63	1000B	N1	N102 - Premium Payer Name	'DEPARTMENT OF COMMUNITY HEALTH GEORGIA MEDICAID'
63	1000B	N1	N103 - Premium Payer Identification Code Qualifier	'FI' – Federal Taxpayer's Identification Number
63	1000B	N1	N104 - Premium Payer Identifier	Georgia Tax ID

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
87	2000B	ENT	ENT01 - Assigned Number	Unique number/ID within transaction set (incremented by 1 for each member for example '1', '2', '3', etc.)
87	2000B	ENT	ENT03 - Identification Code Qualifier	'ZZ' - Mutually Defined
87	2000B	ENT	ENT04 - Receiver's Individual Identifier	The 2000B-ENT04 will have a string of contiguous data: *Position* 1: Member's Gender *Position* 2-4: Capitation Category (formerly cohort) *Position* 5-7: Aid Category (DVP for delivery payment or NIC for Neonatal Intensive Care Unit) *Position* 8-15: Member's Date of Birth (CCYYMMDD) *Position* 16-17: Member's Service Region (Values 01-06) *Position* 18-25: Payment Issue Date (CCYYMMDD) *Position* 26-27: Capitation Reason Code *Position* 28-42: PMP ID *Position* 43-48: Capitation Month (CCYYMM)
89	2100B	NM1	NM101 – Entity Identifier Code	'QE' – Policy Holder
89	2100B	NM1	NM103 – Last Name	Member Last Name
89	2100B	NM1	NM104 – First Name	Member First Name
89	2100B	NM1	NM105 – Middle Initial	Member Middle Initial if available

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
89	2100B	NM1	NM108 - Identification Code Qualifier	'N' - Insured's Unique Identification Number
89	2100B	NM1	NM109 - Individual Identifier	Member Medicaid ID

Individual Premium Remittance Detail

Note: Organization Summary Remittance Detail will not be used for Georgia Medicaid.

Page	Loop	Segment	Data Element	Comments
92	2300B	RMR	RMR01 - Reference Identification Qualifier	'AZ' – Health Insurance Policy Number
92	2300B	RMR	RMR02 - Insurance Remittance Reference Number	Georgia Transaction ID
93	2300B	RMR	RMR04 – Detail Premium Payment Amount	Displays the amount being paid per Member
93	2300B	RMR	RMR05 – Monetary Amount	Capitation Payment Amount for Prospective Payments.
95	2300B	DTM	DTM06 - Coverage Period	Month Date Range of CAP Payment (CCYYMMDD-CCYYMMDD)
96	2320B	ADX	ADX01 - Adjustment Amount	Adjustment amount is present for all non-prospective transactions. Positive value for a payout and negative value for a recoupment. Some actions will require a pairing of recoupment and payout transactions, for example a retro rate increase where the previous amount is recouped in the recoupment transaction (negative ADX01 amount) and the replacement amount is paid in a payout transaction (positive ADX01 amount).

820 Premium Payment

Page	Loop	Segment	Data Element	Comments
97	2320B	ADX	ADX02 - Adjustment Reason Code	'52' – Credit for Previous Overpayment '53' – Remittance for Previous Underpayment

7 Prospective, Adjusted, Retroactive, and Recouped Payments

Formula used:

2300B and 2320B Loop

RMR04=RMR05 if ADX segment is not present (prospective payments)

RMR04=RMR05+ADX01 if ADX segment is present (all other transactions)

This is a sample of the 2000 and 2100 loops that would accompany each of the different types of transactions.

2000B Loop

Example: Region 04 for a GF capitation payment

ENT04: M606171199601210420100205PP111111111C   201002

2100B Loop

NM103: DOE

NM104: JOHN

NM105: E

NM109: 123456789012 (Medicaid ID number)

7.1   Prospective Payment

Example: payment for the upcoming month

2300B Loop

RMR02: 1 (TRANSACTION ID, replacement for legacy system ICN)

RMR04: 250.25

RMR05: 250.25

DTM06: 20100201-20100228

7.2   Retroactive Payout

Example: Newborn payments, reconciliation-identified payouts

2300B and 2320B Loop

RMR02: 2 (transaction ID, replacement for legacy system ICN)

RMR04: 1400.76

RMR05: 0

DTM06: 20100203-20100228

ADX01: 1400.76

ADX02: 53

7.3 Retroactive Full Month Recoupment

Example: Death, duplicate payment identified in member merge, loss of eligibility, reconciliation-identified recoupments.

2300B and 2320B Loop

RMR02: 6 (transaction ID, replacement for legacy system ICN)

RMR04: -122

RMR05: 0

DTM06: 20100201-20100228

ADX01: -122

ADX02: 52

7.4 Retroactive Partial Month Adjustment

Example: prorated payment for month of death (in this example, cut a $300 payment in half).

2300B and 2320B Loop

RMR02: 7 (transaction ID, replacement for legacy system ICN)

RMR04: -300

RMR05: 0

DTM06: 20100201-20100228

ADX01: -300

ADX02: 52

2300B and 2320B Loop

RMR02: 8 (transaction ID, replacement for legacy system ICN)

RMR04: 150

RMR05: 0

DTM06: 20100201-20100214

ADX01: 150

ADX02: 53

7.5   Retroactive Rate Adjustment (Increase)

Example: $100 rate increase

2300B and 2320B Loop

RMR02: 9 (transaction ID, replacement for legacy system ICN)

RMR04: -418.26

RMR05: 0

DTM06: 20100201-20100228

ADX01: -418.26

ADX02: 52

2300B and 2320B Loop

RMR02: 10 (transaction ID, replacement for legacy system ICN)

RMR04: 518.26

RMR05: 0

DTM06: 20100201-20100228

ADX01: 518.26

ADX02: 53

7.6 Retroactive Rate Adjustment (Decrease)

Example: $18.26 rate decrease

Note: This is identical to a retroactive partial month adjustment

2300B and 2320B Loop

RMR02: 11 (transaction ID, replacement for legacy system ICN)

RMR04: -418.26

RMR05: 0

DTM06: 20100201-20100228

ADX01: -418.26

ADX02: 52

2300B and 2320B Loop

RMR02: 12 (transaction ID, replacement for legacy system ICN)

RMR04: 400

RMR05: 0

DTM06: 20100201-20100228

ADX01: 400

ADX02: 53

7.7 Supplemental Delivery Payout

Example: supplemental payment for childbirth. The DTM begin and end dates are identical, they are the delivery date as provided by the CMO.

Note: This is identical to a retroactive payout

2300B and 2320B Loop

RMR02: 13 (transaction ID, replacement for legacy system ICN)

RMR04: 12345

RMR05: 0

DTM06: 20100209-20100209

ADX01: 12345

ADX02: 53

7.8   Supplemental Delivery Recoupment

Example: recoup a previously paid supplemental payment for childbirth. NICU recoupment will be the same.

2300B and 2320B Loop

RMR02: 14 (transaction ID, replacement for legacy system ICN)

RMR04: -12345

RMR05: 0

DTM06: 20100209-20100209

ADX01: -12345

ADX02: 52

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Appendix A

A.1 Capitation Category

Capitation Category	Category Description
601	GF-MEDICAID (MNTHS 0-2)
602	GF-MEDICAID (MTHS 3-11)
603	GF-MEDICAID (YRS 1-5)
604	GF-MEDICAID (YRS 6-13)
605	GF-MEDICAID (YRS 14-20 F)
606	GF-MEDICAID (YRS 14-20 M)
607	GF-MEDICAID (YRS 21-44 F)
608	GF-MEDICAID (YRS 21-44 M)
609	GF-MEDICAID (YRS 45+ F)
610	GF-MEDICAID (YRS 45+ M)
611	GF-PCK (MTHS 0-2)
612	GF-PCK (MTHS 3-11)
613	GF-PCK (YRS 1-5)
614	GF-PCK (YRS 6-13)
615	GF-PCK (YRS 14-20 F)
616	GF-PCK (YRS 14-20 M)
617	GF-BCC
618	GF-DELIVERY PAYMENTS
619	GF-NICU

A.2 Capitation Reason Code

Capitation Reason Code	Capitation Reason Description
RA	Rate Adjustment Recoupment
PA	Rate Adjustment Payout
RE	Loss of Medicaid Eligibility
PG	Member Merge Payout

Capitation Reason Code	Capitation Reason Description
RG	Member Merge Recoupment
RH	History-Only Recoupment
PH	History-Only Payout
RI	Incarcerated Notification
RK	Delivery Recoupment
PK	Delivery Payment
RL	Member Moved Notification
PM	Manual Payment
RM	Manual Recoupment
PN	Retro Payment: Newborn
PO	Retro Payment: Other
PP	Prospective Payment
RR	Reconciliation: Recoupment
PR	Reconciliation: Payout
RS	System Requested Recoupment
PS	System Requested Payout
RV	History-Only Voided
RY	Member Death-MMIS Recoupment
PY	Member Death-MMIS Payout
RZ	Member Death-CMO Recoupment
PZ	Member Death-CMO Payout

A.3   Aid Category

Aid Category	Aid Category Description
104	LIM – Adult
105	LIM – Child
118	LIME-1st Yr Trns Med Ast Adult
119	LIM-1st Yr Trans Med Ast Child
122	CS Adult 4 Month Extended

Aid Category	Aid Category Description
123	CS Child 4 Month Extended
124	Uncompensated Care Pool – Adult
125	Uncompensated Care Pool – Child
126	Stepchild
131	Child Welfare Foster Care
132	State Funded Adoption Assistnc
133	Foster Care IV-E
134	Adopt Asssit IV-E
135	Newborn Child
147	Family Medicaly Needy Spendown
148	Preg Woman Med Needy Spendown
170	RSM Pregnant Woman
171	RSM Child
194	RSM Expansion Pregnant Woman
195	RSM Expansion Child < 1 Yr
196	RSM Expn Chld w/DOB <=10/1/83
197	RSM Preg Woman Income>185 FPL
210	Nursing Home – Aged
211	Nursing Home – Blind
212	Nursing Home – Disabled
218	Protected Med/1972 Cola-Aged
219	Protected Med/1972 Cola-Blind
220	Protected Med/1972 Cola-Dsab
221	Disabled Widower 1984 Cola-Agd
222	Disabled Widower 1984 Cola-Bld
223	Disabled Widower 1984 Cola-Dsb
224	Pickle – Aged
225	Pickle – Blind
226 -	Pickle – Disabled
227	Disabled Adult Child - Aged
228	Disabled Adult Child – Blind

Aid Category	Aid Category Description
229	Disabled Adult Child - Disabled
230	Disabled Widower Age 50-59 - Age
231	Disabled Widower Age 50-59 - Blind
232	Disabled Widower Age 50-59 - Disabled
233	Widower Aged 60-64 - Aged
234	Widower Aged 60-64 - Blind
235	Widower Aged 60-64 - Disabled
236	3 Mo. Prior Medicaid – Aged
237	3 Mo. Prior Medicaid – Blind
238	3 Mo. Prior Medicaid – Disabled
239	Abd Med. Needy Defacto - Aged
240	Abd Med. Needy Defacto - Blind
241	Abd Med. Needy Defacto - Diabled
242	Abd Med. Spenddown – Aged
243	Abd Med. Spenddown – Blind
244	Abd Med. Spenddown - Disabled
245	BCC Waiver
246	GA Medicaid For Working Disabled Individual
250	Deeming Waiver
251	Independent Waiver
252	Mental Retardation Waiver
256	NOW – New Option Waiver Service
257	COMP – Comprehensive Services
259	Community Care Waiver
280	Hospice – Aged
281	Hospice – Blind
282	Hospice Disabled
283	LTC Med. Needy Defacto - Aged
284	LTC Med. Needy Defacto – Blind
285	LTC Med. Needy Defacto – Disabled
286	LTC Med. Ndy Spenddown – Aged

Aid Category	Aid Category Description
287	LTC Med. Ndy Spenddown – Blind
288	LTC Med. Ndy Spenddown – Disabled
289	Institutional Hospice – Aged
290	Institutional Hospice – Blind
291	Institutional Hospice - Disabled
301	SSI – Aged
302	SSI – Blind
303	SSI – Disabled
304	SSI Appeal – Aged
305	SSI Appeal – Blind
306	SSI Appeal – Disabled
307	SSI Work Continuance – Aged
308	SSI Work Continuance – Blind
309	SSI Work Continuance – Disabled
315	SSI Zebley Child
321	SSI E02 Month – Aged
322	SSI E02 Month – Blind
323	SSI E02 Month – Disabled
387	SSI Trans. Medicaid – Aged
388	SSI Trans. Medicaid – Blind
389	SSI Trans. Medicaid – Disabled
410	Nursing Home – Aged
411	Nursing Home – Blind
412	Nursing Home – Disabled
424	Pickle – Aged
425	Pickle – Blind
426	Pickle – Disabled
427	Disabled Adult Child – Aged
428	Disabled Adult Child – Blind
429	Disabled Adult Child – Disabled
445	N07 Child

Aid Category	Aid Category Description
446	Widower – Aged
447	Widower – Blind
448	Widower – Disabled
460	Qualified Medicare Beneficiary
466	Spec. Low Inc. Mcare Benefic.
471	RSM Child
506	Refugee (DMP) – Adult
507	Refugee (DMP) – Child
508	Post Ref Extended Med - Adult
509	Post Ref Extended Med – Child
510	Refugee MAO – Adult
511	Refugee MAO – Child
571	Refugee RSM Child
575	Refugee Med. Needy Spenddown
595	Refugee RSM Exp. Chld <1
596	Ref.RSM ExpChld DOB </=100183
660	Qualified Medicare Beneficiary
661	Spec. Low Income Mcre Benefic.
662	Q11 Beneficary
664	Qualified Working Disabled Individuals
790	Peachcare 101-150% FPL
791	Peachcare 151-200% FPL
792	Peachcare 201 – 235% FPL
793	Peachcare >235% FPL
800	Presumptive BCC
804	Lim REI Adult
805	Lim REI Child
815	Aged Inmate
817	Disabled Inmate
818	TMA REI Adult
819	TMA REI Child

Aid Category	Aid Category Description
835	Newborn
836	Neborn (DHACS)
865	Presumptive Preg. Woman
870	Emergency Alien – Adult
871	RSM (DHACS)
873	Emergency Alien – Child
876	RSM Preg Woman (DHACS)
894	RSM Exp Preg Woman (DHACS)
895	RSM Exp. Chld. <1 (DHACS)
897	RSM Preg Wom Inc >185% FPL (DHACS)
898	RSM Child <1 Moth Aid=897 (DHACS)
915	Aged MAO
916	Blind MAO
917	Disabled MAO
918	LIM Adult
919	LIM Child
920	Refugee Adult
921	Refugee Child
924	Foster Care
931	Child Welfare Foster Care
983	Aged Medically Needy
984	Blind Medically Needy
985	Disabled Medically Needy

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